

This Page Is Inserted by IFW Operations
and is not a part of the Official Record

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- BLACK BORDERS
- TEXT CUT OFF AT TOP, BOTTOM OR SIDES
- FADED TEXT
- ILLEGIBLE TEXT
- SKEWED/SLANTED IMAGES
- COLORED PHOTOS
- BLACK OR VERY BLACK AND WHITE DARK PHOTOS
- GRAY SCALE DOCUMENTS

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**



DECLARATION AND POWER OF ATTORNEY
(Attorney Docket No. 108195-137/LMA-018)

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter, which is claimed and for which a patent is sought on the invention entitled:

LARYNGEAL MASK AIRWAY DEVICE WITH POSITION CONTROLLING TAB

the specification of which (check only one):

- ☐ is attached hereto.
- ☒ was filed as United States Patent Application
 Serial No. 10/657,418
 on _____
 and was amended _____
 on _____
 (if applicable)
- ☐ was filed as PCT Patent Application
 Serial No. _____
 on _____
 and was amended under PCT Article 19
 on _____
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the claims of this application in accordance with Title 37, Code of Federal Regulations, Sections 1.56(a) and 1.56(b).

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS
UNDER 35 U.S.C. §119(a)-(d) or 365(b):**

COUNTRY (if PCT indicate PCT)	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. §119(a)- (b) or 365(b) (YES/NO)
-------------------------------------	--------------------	----------------	--

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional patent application(s) listed below:

APPLICATION NUMBER	DATE OF FILING	STATUS: (PENDING OR ABANDONED)
--------------------	----------------	-----------------------------------

I hereby claim the benefit under Title 35, United States Code, § 120 or 365(c) of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

**PRIOR U.S. APPLICATION OR PCT INTERNATIONAL APPLICATION(S)
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. § 120 or 365(c):**

APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS: (PATENTED, PENDING OR ABANDONED)
--------------------	--------------------------------------	---

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents associated with Customer Number 23483 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith the mailing address and telephone number of each of whom is HALE AND DORR LLP, 60 State Street, Boston, Massachusetts 02109 and (617) 526-6000, with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence To

**Richard A. Goldenberg
Hale and Dorr LLP
60 State Street
Boston, MA 02109**

Direct Telephone Calls To

**Richard A. Goldenberg
(617) 526-6548**

Wherefore I petition that letters patent be granted to me for the invention or discovery described and claimed in the attached specification and claims, and hereby subscribe my name to said specification and claims and to the foregoing declaration, power of attorney, and this petition.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first and sole inventor: Archibald I. J. Brain

Inventor's signature Archibald I. J. Brain Date 7 JAN 2004

Country of Citizenship: Great Britain

Residence: MAHE, SEYCHELLES AIJB.
Les Bons Villers, Belgium

Post Office Address: Chaussee de Bruxelles 569, Frasnes-Lez-Gosselies, 6210 Les Bons Villers,
Belgium